

## Section 1 - HCPCFC PROGRAM BACKGROUND

Section 1 - HCPCFC PROGRAM BACKGROUND .....	1
Program Background .....	2
HCPCFC Program Handbook 2000 .....	2
References .....	3
Code Blue .....	7
Program Overview References (Historical Program Implementation): .....	8
CHDP Program Letter 99-6 (October 21, 1999).....	8
HCPCFC Model Memorandum of Understanding .....	9
Sample Scope of Work .....	13
Sample PHN Duty Statement .....	13
All County Information Notice I-55-99 (September 2, 1999) .....	13
All County Letter 99-108 (December 21, 1999) .....	13

## **Program Background**

### ***HCPCFC Program Handbook 2000***

California statutes and regulations mandate comprehensive healthcare, and its documentation, for the appropriate 110,000 children and 5,000 probation youth placed in California's foster care system. In the past few years, there have been a number of reports on the health care needs of these children, including the report issued in 1998 by the California Foster Care Children's Health Care Task Force, entitled *Code Blue: Health Services for Children in Foster Care*.

These reports indicate that the long-term effects of maltreatment, together with separation from biological parents, failure of professionals to identify and address medical and psychosocial problems, lack of continuity in health care, and frequent placement changes adversely impact the physical and psychological development of children in foster care. These reports identify the challenges in delivering health care to children in foster care that require overcoming the need to coordinate with multiple caregivers, multiple health care providers, and multiple agencies and organizations.

The Child Health and Disability Prevention (CHDP) program, under the direction of the Children's Medical Services (CMS) Branch of the California Department of Health Services (CDHS), has been working over the past years with community programs and agencies to identify the major obstacles that children in foster care face in gaining access to coordinated, multidimensional services.

Many child welfare agencies and public health departments have recognized that public health nurses (PHNs) are in the best position to develop and implement the recommendation in improving the health care of children in foster care outlined by the Child Welfare League of America and the American Academy of Pediatrics. Many county welfare agencies and probation departments have already adapted the multidisciplinary team approach to meet the complex needs of children in foster care.

In these instances, PHNs, funded through HCPCFC, work with the child's caseworker or probation officer as a team member to ensure that children in foster care, supervised by the county welfare department or probation department, receive all needed health care services. PHNs provide health care oversight of the physical, behavioral, dental, and developmental needs for all children in foster care, including those in out-of-county and out-of-state placements. They collaborate with welfare and probation department staff in providing training programs for health, child welfare, probation, and juvenile court staff.

## **References**

The information listed in this reference section pertains to the establishment of the HCPCFC Program and the principles relating to its' operation.

Code Blue: Health Services for Children in Foster Care (1998)	Report by the California Foster Care (FC) Children's Task Force: that this group typically suffer serious health, emotional, and developmental problems, and the causes of these conditions are multiple. In addition, the trauma of family separation and frequent moves compound these conditions. Given these factors, foster children require and use health services more than other children, which they often fail to receive due to inadequate medical records and limited access to care. Recommendations of the Task Force included: develop a system of health care for children in FC, improve coordination and delivery of services in counties, and hire FC PHNs.
State Budget Act of 1999	Appropriated State General Funds (GF) to the California Department of Social Services (CDSS) for the purpose of increasing the use of PHNs in meeting the health care needs of children in foster care.
Assembly Bill 1111 (1999)	Enabling legislation for the HCPCFC. It defined the components of the program and added to the Welfare and Institutions (W&I) Code, Section 16501.3 (a) through (e).
W&I Code sec. 16501.3	As above; paragraphs (c) describes the duties of a FC PHN (see next section on PHN role).
CHDP Program Letter (PL) No. 99-6 (10/21/99)	<p>Describes the HCPCFC Program (as provided for by the State Budget Act of 1999 and the W&amp;I Code sec. 16501.3). It also states that the GF funds to CDSS "are being transferred to the Department of Health Services (DHS), CMS Branch, and will be distributed through the CHDP program in the form of an augmentation to the local CHDP program allocations."</p> <p>CDSS and DHS developed a Memorandum of Understanding (MOU) to ensure the availability of</p>

	<p>federal matching funds, which are available only to DHS as the single state agency (for Medicaid).</p> <p>The CHDP PL also includes information and instructions for implementing the HCPCFC Program at the local level: model MOU, Letter of Agreement (for January 1, 2000 through June 30, 2000), Scope of Work (SOW), Allocation of State Dollars (developed by CMS and CDSS), FC-PHN Budget Information and Guidelines, and the Baseline Staffing Assessment (1999).</p>
<p>All County Information Notice (ACIN) No. I-55-99 (9/2/99)</p> <p>CHDP PL No. 99-6</p>	<p><u>Hiring, Supervision and Funding</u></p> <p>“The PHNs will be located at local county welfare offices. They will be hired by the local health department and will be funded and supervised through the local CHDP program” (see also CMS Plan and Fiscal Guidelines (PFG) Section 6; also Health and Safety Code Section 124065).</p>
<p>ACIN I-55-99</p> <p>CHDP PL 99-6</p>	<p><u>Duties</u></p> <p>“Specified in a proposed SOW...designed to maximize federal participation in allowable administrative costs. As Skilled Professional Medical Personnel (SPMP), PHNs are eligible for a 25/75 match of state and federal dollars” (see also Federal Financial participation) [FFP], below).</p> <p>“PHNs will <u>not</u> be funded through this program to provide direct services to children.”</p> <p>“Health care services for children in out-of-home care must be proved to every child, who receives Aid to Families with Dependent Children (AFDC)- Foster Care payment, regardless of that child’s legal status.”</p>
<p>W&amp;I Code 16501.3</p>	<p>(c)...duties may include, but need not be limited to the following:</p> <ol style="list-style-type: none"> <li>1) collecting health information...to determine appropriate referral and services</li> <li>2) participating in medical care planning and</li> </ol>

	<p>coordinating...interpreting the results of health care assessments...advocating for the health care needs of the child...</p> <p>3) providing follow-up contact to assess the child's progress in meeting treatment goals.</p> <p>(d) The services provided by the PHN under this section shall be <u>limited to those for which reimbursement may be claimed under Title XIX at an enhanced rate</u> for services delivered by Skilled Professional Medical Personnel (SPMP)</p>
CMS PFG, Section 6 Budget	<p>Describes the HCPCFC Administrative Budget funding source: State General Fund plus Federal matching funds. This covers the following expenses: Personnel (County/City staff salaries, wages, benefits), Operating (travel, training), and indirect (internal administrative overhead costs)</p>
CMS PFG, Section 9 FFP	<p>FFP – time study instructions for Enhanced 25/75, SPMP), and Non-enhanced (50/50, non-SPMP) Title XIX Medicaid Funding.</p> <p>Describes the time study function codes:</p> <p><u>Non-SPMP (non-enhanced)</u></p> <p>Code 1- Outreach</p> <p>Code 4 – Non-SPMP Intra/Interagency Coordination</p> <p>Code 5 – Program Specific Administration</p> <p>Code 7 – Non-SPMP Training</p> <p>Code 10 – Non-Program Specific General Administration</p> <p>Code 11 – Other Activities</p> <p>Code 12 – Paid Time Off</p> <p><u>SPMP (enhanced)</u></p> <p>Code 2 – SPMP Administrative Medical Case Management</p> <p>Code 3 – SPMP Intra/Interagency Coordination</p> <p>Code 6 – SPMP Training</p> <p>Code 8 – SPMP Program Planning and Policy Development</p> <p>Code 9 – Quality Management by SPMP</p> <p><u>Non-claimable</u></p>

	See Section 9
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### ***Code Blue***

The following website is the link for the report entitled, *Code Blue: Health Services for Children in Foster Care*, created by California Foster Care Children's Health Care Task Force.

<http://www.dhs.ca.gov/pcfh/cms/hcpcfc/pdf/codeblue.pdf>

## **Program Overview References (Historical Program Implementation):**

### ***CHDP Program Letter 99-6 (October 21, 1999)***

The following link is the CHDP Program Letter that discusses the establishment of the Health Care Program for Children in Foster Care.

<http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/1999/chdppl9906.pdf>

### ***HCPCFC Model Memorandum of Understanding***

Suggested Areas of Responsibility for Child Health and Disability Prevention (CHDP) Public Health Nurses (PHNs) and Child Welfare Service (CWS) Agency Social Workers and Probation Officers in the Health Care Program For Children In Foster Care (HCPCFC)

County/City:

Effective Dates:

<b>Service Provided</b>	<b>Local CHDP Responsibilities Foster Care PHN</b>	<b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>
<b>Location</b>	<ul style="list-style-type: none"> <li>• PHN will be located in the CWS agency with accessibility to all team members.</li> </ul>	<ul style="list-style-type: none"> <li>• PHN will be located in the CWS agency with accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>• PHN will be supervised by supervising PHN in the local CHDP Program with input from CWS agency staff.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency/Supervising Probation Officer will provide input to the supervising PHN.</li> </ul>
<b>Accessing Resources</b>	<ul style="list-style-type: none"> <li>• PHN will identify health care providers in the community.</li> <li>• PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.</li> <li>• PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, California Children Services (CCS) and other community programs.</li> <li>• PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out-of -county.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis.</li> <li>• CWS agency Social Worker/Probation Officer will work with the substitute care provider (Foster Parent) and the PHN to identify an appropriate health care provider for the child.</li> <li>• CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out-of-county have access to health services appropriate to age and health status.</li> </ul>

County/City:

Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p style="text-align: center;"><b>Health Care Planning and Coordination</b></p>	<ul style="list-style-type: none"> <li>• PHN will interpret health care reports for social worker/probation officers and others as needed.</li> <li>• PHN will develop a health plan for each child expected to remain in foster care.</li> <li>• PHN will work with substitute care provider to ensure that the child's Health and Education Passport (HEP) or its equivalent is updated.</li> <li>• PHN will assist substitute care providers in obtaining timely comprehensive assessments.</li> <li>• PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</li> <li>• PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).</li> <li>• PHN will obtain and provide health care documentation when necessary to support the request for health care services.</li> <li>• PHN will collaborate with social worker/probation officer, biological parent when possible and substitute care provider to ensure that necessary medical/health care information is available to those persons responsible for providing healthcare for the child, including a copy of the HEP to the substitute care provider.</li> <li>• PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child.</li> <li>• PHN will collaborate with the social worker/probation officer and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</li> <li>• PHN will review child's health plan with social worker/probation officer as needed and at least every six months.</li> </ul>	<ul style="list-style-type: none"> <li>• Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer.</li> <li>• Social Worker/Probation Officer or designee will incorporate the health plan into the child's case record.</li> <li>• Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</li> <li>• Social Worker/Probation Officer will collaborate to complete and keep current the child's HEP or its equivalent and provide a copy of the HEP to the substitute care provider.</li> <li>• Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child.</li> <li>• Social Worker/Probation Officer will collaborate with the PHN and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</li> <li>• Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing. Relevant information will be incorporated into the HEP and court report.</li> </ul>

County/City:

Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Training/Orientation	<ul style="list-style-type: none"> <li>• PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</li> <li>• PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care.</li> <li>• CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</li> <li>• CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS/CMS) system and provide training in its use.</li> </ul>
Policy/Procedure Development	<ul style="list-style-type: none"> <li>• PHN will provide program consultation to CDSS/ Probation Departments in the development and implementation of the EPSDT/CHDP Program policies related to the Health Care Program for Children in Foster Care.</li> <li>• PHN will participate in multi-disciplinary meetings for review of health-related issues.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</li> </ul>
Transition from Foster Care	<ul style="list-style-type: none"> <li>• PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency staff/Probation Officers will collaborate with PHN to assure person leaving foster care supervision is aware and connected to resources for independent living.</li> </ul>

County/City:

Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Quality Assurance	<ul style="list-style-type: none"><li>• PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department.</li><li>• PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</li><li>• PHN will establish baseline data for evaluating health care services provided to children in foster care.</li></ul>	<ul style="list-style-type: none"><li>• CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services.</li><li>• CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</li><li>• CWS agency/Probation Officers will collaborate and assist PHN in gathering data.</li></ul>

This Memorandum of Understanding is in effect from July 1, 20\_\_ through June 30, 20\_\_ unless revised by mutual agreement. In the event that changes in Federal or State requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

\_\_\_\_\_  
Public Health Director or Child Health and Disability  
Prevention Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Social Services Director or County Child  
Welfare Service Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Probation Officer

\_\_\_\_\_  
Date

### ***Sample Scope of Work***

<http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/1999/chdppl9906.pdf> (see enclosure 3 in program letter)

### ***Sample PHN Duty Statement***

<http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/1999/chdppl9906.pdf> (see enclosure 5b in program letter)

### ***All County Information Notice I-55-99 (September 2, 1999)***

“New Foster Care PHN Program in County Welfare Departments”:  
[http://www.dss.cahwnet.gov/getinfo/acin99/I-55\\_99.pdf](http://www.dss.cahwnet.gov/getinfo/acin99/I-55_99.pdf)

### ***All County Letter 99-108 (December 21, 1999)***

“Instructions Regarding Local MOU for HCPCFC”  
<http://www.dss.cahwnet.gov/getinfo/acI99/99-108.PDF>